Case 18-13719 Doc 1 Filed 05/10/18 Entered 05/10/18 14:17:04 Desc Main Document Page 1 of 62

Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF ILLINOIS		
Case number (if known)	Chapter you are filing under:	
	☐ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	■ Chapter 13	☐ Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	rt 1:	Identify Yourself				
			About Debtor 1:		About Debtor 2 (Spouse Only in a Joint Case):	
1.	You	r full name				
	your pictu exar	e the name that is on government-issued are identification (for mple, your driver's ase or passport).	Karen First name R. Middle name		First name Middle name	
	Bring your picture identification to your meeting with the trustee.		Phillips Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)		
2.		other names you have d in the last 8 years				
		de your married or den names.				
3.	you num Indi	y the last 4 digits of r Social Security aber or federal vidual Taxpayer tification number	xxx-xx-5292			

Case 18-13719 Doc 1 Filed 05/10/18 Entered 05/10/18 14:17:04 Desc Main Document Page 2 of 62

Case number (if known)

Debtor 1 Karen R. Phillips

About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): Any business names and **Employer Identification** Numbers (EIN) you have I have not used any business name or EINs. ☐ I have not used any business name or EINs. used in the last 8 years Include trade names and Business name(s) Business name(s) doing business as names EINs EINs Where you live If Debtor 2 lives at a different address: 6540 S. Ingleside Ave. Chicago, IL 60637 Number, Street, City, State & ZIP Code Number, Street, City, State & ZIP Code Cook County County If your mailing address is different from the one If Debtor 2's mailing address is different from yours, fill it above, fill it in here. Note that the court will send any in here. Note that the court will send any notices to this notices to you at this mailing address. mailing address. Number, P.O. Box, Street, City, State & ZIP Code Number, P.O. Box, Street, City, State & ZIP Code Why you are choosing Check one: Check one: this district to file for bankruptcy Over the last 180 days before filing this petition, I Over the last 180 days before filing this petition, have lived in this district longer than in any other I have lived in this district longer than in any district. other district. I have another reason. I have another reason. Explain. (See 28 U.S.C. § 1408.) Explain. (See 28 U.S.C. § 1408.)

Case 18-13719 Doc 1 Filed 05/10/18 Entered 05/10/18 14:17:04 Desc Main Document Page 3 of 62

Case number (if known) Debtor 1 Karen R. Phillips

				se					
7.	The chapter of the Bankruptcy Code you are shoosing to file under			rief description of each, see go to the top of page 1 and o			C. § 342(b) for Individu	uals Filing for Bankruptcy	
	choosing to file under	□ Chapter 7							
		☐ Ch	hapter 11						
		☐ Ch	hapter 12						
		■ Cł	hapter 13						
3.	How you will pay the fee I will pay the entire fee when I file my petition. Please check with about how you may pay. Typically, if you are paying the fee yourself, order. If your attorney is submitting your payment on your behalf, you a pre-printed address.						you may pay with cash	n, cashier's check, or money	
				the fee in installments. If		e this option, sign	and attach the Applica	ation for Individuals to Pay	
		п	ŭ	e in Installments (Official For t my fee be waived (You ma	,	this option only if	you are filing for Char	oter 7. Rv law, a judge may	
		☐ I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition.							
P. Have you filed for □ No.									
	bankruptcy within the last 8 years?	■ Ye	s.						
			District	Northern District of Illinois - Chapter 13	When	7/08/15	Case number	15-23340	
			District	Northern District of Illinois - Chapter 7	When	5/16/11	Case number	11-23340	
			District	minois - Onapter 7	When		Case number		
10.	Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	■ No							
	anniate:		Debtor				Relationship to y	/ou	
			District		When		Case number, if		
			Debtor				Relationship to y		
			District		When		Case number, if	known	
11.	Do you rent your	■ No	Go to li	ine 12.					
	residence?	■ No		ur landlord obtained an evict	tion iudam	ent against vou?			
		_ 16	.s.	No. Go to line 12.	,				
				Yes. Fill out <i>Initial Statemer</i> this bankruptcy petition.	nt About ar	n Eviction Judgme	ent Against You (Form	101A) and file it as part of	

Document Page 4 of 62 Case number (if known) Karen R. Phillips Debtor 1 Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor of any full- or part-time No. Go to Part 4. husiness? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of **Bankruptcy Code and are** operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy □ No. U.S.C. § 101(51D). I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any No. property that poses or is ☐ Yes. alleged to pose a threat

of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

> For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

Case 18-13719 Doc 1 Filed 05/10/18 Entered 05/10/18 14:17:04 Desc Main Page 5 of 62 Document

Debtor 1 Karen R. Phillips

Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

Case number (if known)

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about cre	edit
counseling because of:	

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Case 18-13719 Doc 1 Filed 05/10/18 Entered 05/10/18 14:17:04 Desc Main Document Page 6 of 62

Case number (if known) Debtor 1 Karen R. Phillips Part 6: **Answer These Questions for Reporting Purposes** Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an 16. What kind of debts do 16a. individual primarily for a personal, family, or household purpose." you have? ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses ☐ Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses ☐ No are paid that funds will ☐ Yes be available for distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5**0,001-100,000 **5001-10,000** □ 50-99 owe? ☐ More than 100,000 **1**0,001-25,000 □ 100-199 **200-999** How much do you **\$0 - \$50,000** □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion **\$50,001 - \$100,000** be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion ■ \$100,001 - \$500,000 □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million 20. How much do you □ \$1,000,001 - \$10 million **\$0 - \$50,000** □ \$500,000,001 - \$1 billion estimate your liabilities □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion **\$50,001 - \$100,000** to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,001 - \$500,000 □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million Part 7: Sign Below For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Karen R. Phillips Signature of Debtor 2 Karen R. Phillips Signature of Debtor 1 Executed on Executed on May 10, 2018 MM / DD / YYYY MM / DD / YYYY

Debtor 1 Karen R. Phillips

Document Page 7 of 62

Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Veronica D. Joyner, Esq.	Date	May 10, 2018
Signature of Attorney for Debtor		MM / DD / YYYY
Veronica D. Joyner, Esq. 6239246		
Printed name		
Joyner Law Office, Inc.		
Firm name		
120 South Sate Street		
Suite 200		
Chicago, IL 60603		
Number, Street, City, State & ZIP Code		
Contact phone 312-332-9001	Email address	vdjoyner@joynerlawoffice.com
6239246 IL		
Bar number & State		

Fill in this infor	mation to identify your	case:		
Debtor 1	Karen R. Phillips			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		NORTHERN DISTRICT	OF ILLINOIS	
Case number _				
(if known)				Check if this is an
				amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

		Your as	ssets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	81,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	9,150.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	90,150.00
Ра	st 2: Summarize Your Liabilities		
			abilities t you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	64,600.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	29,603.00
	Your total liabilities	\$	94,203.00
Pa	rt 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	4,816.00
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	4,156.00
Pa	rt 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ır other sch	nedules.
7.	■ Yes What kind of debt do you have?		

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

page 1 of 2

the court with your other schedules.

Case 18-13719 Doc 1 Filed 05/10/18 Entered 05/10/18 14:17:04 Desc Main Document Page 9 of 62

Debtor 1 Karen R. Phillips

Document Page 9 of 62
Case number (if known)

8.	From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR , Form 122B Line 11; OR , Form 122C-1 Line 14.	\$	290.00
		-	

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Tota	al claim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$_	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$_	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$_	0.00
9d. Student loans. (Copy line 6f.)	\$_	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$_	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$_	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

	Ca	se 18-13719	Doc 1	Filed 05/1		Entered 05/10/1 Page 10 of 62	8 14:17:04	Des	c Main
Fill	in this inform	nation to identify yo	our case and t						
Deb	otor 1	Karen R. Philli First Name		le Name		Last Name			
	otor 2 use, if filing)	First Name	Middl	le Name		Last Name			
Unit	ted States Bar	nkruptcy Court for the	e: NORTHEF	RN DISTRICT O	F ILLIN	OIS			
Cas	se number							[Check if this is an amended filing
Sc n ea hink nfor	chedule ch category, se it fits best. Be mation. If more ver every quest	e as complete and acc space is needed, atta ion.	cribe items. List curate as possib ach a separate s	ole. If two married sheet to this form	d people and the	asset fits in more than one are filing together, both are top of any additional pages n or Have an Interest In	equally respons	ible for sup	olying correct
	No. Go to Part	the property?		What is the p	property?	P Check all that apply			
		gleside Ave. f available, or other descrip	tion	□ Duplex		ome -unit building or cooperative	the amount of a	ny secured	ns or exemptions. Put claims on <i>Schedule D:</i> Secured by Property.
	Chicago	IL 6	60637-0000	☐ Manufa☐ Land	actured o	or mobile home	Current value entire property		Current value of the portion you own?
	City	State	ZIP Code		ment prop	perty	\$81,0	00.00	\$81,000.00
				Other	Who has an interest in the proper		(such as fee si	e the nature of your ownership interest sfee simple, tenancy by the entireties, o tate), if known. mple	
	Cook			- <u> </u>	r 2 only				
	County			_		ebtor 2 only the debtors and another	☐ Check if the (see instruct		unity property
				Other inform property ider	•	u wish to add about this iter n number:	n, such as local		
				SFH - Pur	chased	l in 1996 for \$69K - ref 114-033-0000	inanced in 20	007 - Ioan	modification

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here......>>

\$81,000.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Doh	otor 1		13719 Doc 1	Filed 05/10/18 Document	Page 11 of 62	0/18 14:17:04 Case number (if known)	Desc Main
		Karen R. Phi	-			ase number (# known) _	
3. C	ars, vai	ns, trucks, tract	ors, sport utility ve	hicles, motorcycles			
	No						
	Yes						
3.1	Make			Who has an interest in the	e property? Check one	the amount of any s	red claims or exemptions. Put ecured claims on <i>Schedule D:</i>
	Mode			Debtor 1 only		Creditors Who Have	Claims Secured by Property.
	Year:	2009 oximate mileage:	147,000	☐ Debtor 2 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 on Debtor 3	anh.	Current value of th entire property?	e Current value of the portion you own?
		r information:	147,000	At least one of the debte	•	chare property.	portion you own:
				Check if this is comme (see instructions)	unity property	\$7,500.0	90 \$7,500.00
5 %				rn for all of your entries fr that number here			\$7,500.00
6. H	ouseho Example	old goods and f	urnishings	terest in any of the follow	ing items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
	- 103.	Describe	45				¢200.00
			4 Rooms of Fur	niture - no lien			\$300.00
E	No	es: Televisions a		eo, stereo, and digital equip nedia players, games	oment; computers, print	ers, scanners; music col	lections; electronic devices
E	Example ■ No		figurines; paintings, ons, memorabilia, co		oks, pictures, or other a	rt objects; stamp, coin, c	or baseball card collections;
9. E	quipme Example	ent for sports ar	graphic, exercise, ar	nd other hobby equipment;	bicycles, pool tables, go	olf clubs, skis; canoes ar	nd kayaks; carpentry tools;
	■ No □ Yes.	Describe					
	No		s, shotguns, ammuni	tion, and related equipmen	t		

Official Form 106A/B Schedule A/B: Property page 2

Case 18-13719 Doc 1 Filed 05/10/18 Entered 05/10/18 14:17:04 Desc Main Document Page 12 of 62 Case number (if known) Debtor 1 Karen R. Phillips 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories Yes. Describe..... Clothing \$700.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver □ No Yes. Describe..... \$300.00 Jewelry 13. Non-farm animals Examples: Dogs, cats, birds, horses No ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list ■ No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$1,300.00 for Part 3. Write that number here Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition Cash \$50.00 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. ☐ No Institution name: Yes..... **TCF Bank** Chicago, IL \$100.00 17.1. Checking **Bank of America** Chicago, IL \$200.00 Savings 17.2. 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ■ No

☐ Yes...... Institution or issuer name:

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

■ No

page 3

Case 18-13719 Filed 05/10/18 Entered 05/10/18 14:17:04 Document Page 13 of 62 Case number (if known) Debtor 1 Karen R. Phillips ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ■ No ☐ Yes. List each account separately. Type of account: Institution name: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Institution name or individual: ☐ Yes. 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements No ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ■ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No

Doc 1

Desc Main

	Case 18-13/19	DOC 1	Document	Page 14 of 62	Desc Main
Debtor 1	Karen R. Phillips			Case number (if known)	
☐ Yes.	Give specific information				
	sts in insurance policies oles: Health, disability, or life	insurance; he	ealth savings account (HSA); credit, homeowner's, or renter's insurar	nce
	Name the insurance compar Comp	ny of each po eany name:	licy and list its value.	Beneficiary:	Surrender or refund value:
If you somed	terest in property that is do are the beneficiary of a living one has died. Give specific information			ed isurance policy, or are currently entitled to rece	eive property because
Exam _i ■ No	s against third parties, whe poles: Accidents, employment Describe each claim			it or made a demand for payment s to sue	
■ No	contingent and unliquidate Describe each claim	d claims of e	every nature, includin	g counterclaims of the debtor and rights to	set off claims
■ No	Give specific information	already list			
				ny entries for pages you have attached	\$350.00
Part 5: De	scribe Any Business-Related I	Property You (Own or Have an Interest	In. List any real estate in Part 1.	
No. Go	own or have any legal or equit o to Part 6. Go to line 38.	able interest ii	n any business-related p	property?	
	escribe Any Farm- and Comme you own or have an interest in far			n or Have an Interest In.	
■ No.	Jown or have any legal or Go to Part 7. Go to line 47.	equitable int	erest in any farm- or o	commercial fishing-related property?	
Part 7:	Describe All Property You O	wn or Have ar	n Interest in That You Did	d Not List Above	
Exam _i ■ No	u have other property of an oles: Season tickets, country	club member			
	·		om Part 7. Write that n	number here	\$0.00

Official Form 106A/B Schedule A/B: Property page 5

Page 15 of 62

Case number (if known) Document Debtor 1 Karen R. Phillips

Part	8: List the Totals of Each Part of this Form			
55.	Part 1: Total real estate, line 2			\$81,000.00
56.	Part 2: Total vehicles, line 5	\$7,500.00		
57.	Part 3: Total personal and household items, line 15	\$1,300.00		
58.	Part 4: Total financial assets, line 36	\$350.00		
59.	Part 5: Total business-related property, line 45	\$0.00		
60.	Part 6: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7: Total other property not listed, line 54	+ \$0.00		
62.	Total personal property. Add lines 56 through 61	\$9,150.00	Copy personal property total	\$9,150.00
63.	Total of all property on Schedule A/B. Add line 55 + line 62			\$90,150.00

Official Form 106A/B Schedule A/B: Property page 6

Fill in this infor	mation to identify your	case:		
Debtor 1	Karen R. Phillips			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number				
(if known)				☐ Check if this i amended filin

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1:	Identify	the Pro	perty You	Claim a	s Exempt
---------	----------	---------	-----------	---------	----------

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Schedule A/B that lists this property	current value of the Amount of the exemption you claim portion you own			Specific laws that allow exemption	
	Copy the value from Schedule A/B	Che	ck only one box for each exemption.		
6540 S. Ingleside Ave. Chicago, IL 60637 Cook County SFH - Purchased in 1996 for \$69K - refinanced in 2007 - Ioan modification 2018 - PIN 20-23-114-033-0000 Line from <i>Schedule A/B</i> : 1.1	\$81,000.00		\$15,000.00 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-901	
2009 Nissan Murana 147,000 miles Line from <i>Schedule A/B</i> : 3.1	\$7,500.00		\$2,400.00 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(c)	
4 Rooms of Furniture - no lien Line from Schedule A/B: 6.1	\$300.00		\$300.00 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)	
Clothing Line from Schedule A/B: 11.1	\$700.00		\$700.00 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(a)	

Case 18-13719 Doc 1 Filed 05/10/18 Entered 05/10/18 14:17:04 Desc Main Document Page 17 of 62

Case number (if known)

				,	
	rief description of the property and line on chedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
	ewelry ne from <i>Schedule A/B</i> : 12.1	\$300.00		\$300.00	735 ILCS 5/12-1001(b)
Li	THE HOLL SCHEULIE PAB. 12.1			100% of fair market value, up to any applicable statutory limit	
_	ash ne from <i>Schedule A/B</i> : 16.1	\$50.00		\$50.00	735 ILCS 5/12-1001(b)
LII	ne nom <i>Schedule Arb.</i> 10.1			100% of fair market value, up to any applicable statutory limit	
	hecking: TCF Bank hicago, IL	\$100.00		\$100.00	735 ILCS 5/12-1001(b)
	ne from <i>Schedule A/B</i> : 17.1			100% of fair market value, up to any applicable statutory limit	
	avings: Bank of America hicago, IL	\$200.00		\$200.00	735 ILCS 5/12-1001(b)
	ne from <i>Schedule A/B</i> : 17.2			100% of fair market value, up to any applicable statutory limit	
	re you claiming a homestead exemption Subject to adjustment on 4/01/19 and every No Yes. Did you acquire the property cove	3 years after that for ca	ases fi	,	,
	□ No	,			
	□ Yes				

		Document Pa	age 18 o	of 62		
Fill in this informa	ation to identify you	ır case:				
Debtor 1	Veren D. Dhillin					
Debior 1	Karen R. Phillip		st Name			
Debtor 2						
(Spouse if, filing)	First Name	Middle Name Las	st Name			
United Ctates David	l	NODTHERN DISTRICT OF HAINO	ıc			
United States Bani	kruptcy Court for the:	NORTHERN DISTRICT OF ILLINO	15			
Case number						
(if known)					☐ Check	if this is an
					amend	led filing
						o .
Official Form	106D					
Schodula I	Oroditors	Who Have Claims Se	cured l	ov Property	.,	12/15
ochedule i	J. Creditors	Wild Have Claims Se	<u>cureu i</u>	by Fropert	<u>y </u>	12/13
Be as complete and	accurate as possible.	If two married people are filing together, be	oth are equal	ly responsible for su	pplying correct informa	tion. If more space
s needed, copy the an umber (if known).	Additional Page, fill it	out, number the entries, and attach it to thi	s form. On th	e top of any additior	nal pages, write your na	me and case
,						
_ `	nave claims secured by					
	this box and submit t	his form to the court with your other sche	edules. You l	have nothing else to	o report on this form.	
Yes. Fill in a	all of the information	below.				
Part 1: List All	Secured Claims					
				Column A	Column B	Column C
		more than one secured claim, list the creditor a particular claim, list the other creditors in P		Amount of claim	Value of collateral	Unsecured
		cal order according to the creditor's name.		Do not deduct the	that supports this	portion
O.4 Dridgesones	.1	Describe the manufactuation of account that	lation.	value of collateral.	claim	If any
2.1 Bridgecres Creditor's Name	<u> </u>	Describe the property that secures the cl		\$17,000.00	\$7,500.00	\$9,500.00
Creditor's Marrie		2009 Nissan Murana 147,000 mi	ies			
P.O. Box 2	Q018	As of the date you file, the claim is: Check	all that			
Phoenix, A		apply.				
		Contingent				
Number, Street, C	City, State & Zip Code	Unliquidated				
Who owes the deb	at? Check one	☐ Disputed Nature of lien. Check all that apply.				
_	ar oncor onc.	_				
■ Debtor 1 only		An agreement you made (such as mortg car loan)	age or secure	d		
Debtor 2 only		_ ′				
Debtor 1 and Deb	=	☐ Statutory lien (such as tax lien, mechani	c's lien)			
	e debtors and another	☐ Judgment lien from a lawsuit				
Check if this claim community deb		Other (including a right to offset)				
community deb	•					
Date debt was incur	rred	Last 4 digits of account number				
2.2 City of Chi	cago	Describe the property that secures the cl	laim:	\$7,600.00	\$81,000.00	\$0.00
Creditor's Name		6540 S. Ingleside Ave. Chicago,	IL			
		60637 Cook County				
		SFH - Purchased in 1996 for \$69)K -			
		refinanced in 2007 - Ioan				
		modification 2018 - PIN				
Departmen		20-23-114-033-0000 As of the date you file, the claim is: Check	, all that			
P.O. Box 6		apply.	. ali triat			
Chicago, IL	_ 60680	☐ Contingent				
Number, Street, 0	City, State & Zip Code	☐ Unliquidated				
		☐ Disputed				
Who owes the deb	ot? Check one.	Nature of lien. Check all that apply.				
Debtor 1 only		☐ An agreement you made (such as mortg	age or secure	d		
Debtor 2 only		car loan)				
Debtor 1 and Deb	otor 2 only	☐ Statutory lien (such as tax lien, mechani	c's lien)			
	e debtors and another	☐ Judgment lien from a lawsuit				

Case 18-13719 Doc 1 Filed 05/10/18 Entered 05/10/18 14:17:04 Desc Main Document Page 19 of 62

Debtor 1 Karen R. Phillips		case number (if know)		
First Name Middle N	ame Last Name			
☐ Check if this claim relates to a	Пон <i>(</i> ;) в стан (,)			
community debt	Other (including a right to offset)			
•				
Date debt was incurred	Last 4 digits of account number 3128			
On the Community Transmission	Book to the control of the control of the	* 0.00	\$04.000.00	* 0.00
2.3 Cook County Treasurer Creditor's Name	Describe the property that secures the claim:	\$0.00	\$81,000.00	\$0.00
Creditor's Name	6540 S. Ingleside Ave. Chicago, IL			
	60637 Cook County SFH - Purchased in 1996 for \$69K -			
	refinanced in 2007 - loan			
	modification 2018 - PIN			
	20-23-114-033-0000			
P.O. Box 4468	As of the date you file, the claim is: Check all that			
Carol Stream, IL 60197	apply. Contingent			
Number, Street, City, State & Zip Code	☐ Unliquidated			
rambol, chool, only, challe a 2.p code	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
■ Debtor 1 only	☐ An agreement you made (such as mortgage or secu	ired		
Debtor 2 only	car loan)			
Debtor 1 and Debtor 2 only	■ Statutory lien (such as tax lien, mechanic's lien)			
☐ At least one of the debtors and another	Judgment lien from a lawsuit			
Check if this claim relates to a	☐ Other (including a right to offset)			
community debt	Other (including a right to offset)			
•				
Date debt was incurred	Last 4 digits of account number Notice	Only		
		A 40 000 00	\$04.000.00	40.00
2.4 Fay Servicing	Describe the property that secures the claim:	\$40,000.00	\$81,000.00	\$0.00
2.4 Fay Servicing Creditor's Name	6540 S. Ingleside Ave. Chicago, IL	\$40,000.00	\$81,000.00	\$0.00
	6540 S. Ingleside Ave. Chicago, IL 60637 Cook County	\$40,000.00	\$81,000.00	\$0.00
	6540 S. Ingleside Ave. Chicago, IL 60637 Cook County SFH - Purchased in 1996 for \$69K -	\$40,000.00	\$81,000.00	\$0.00
	6540 S. Ingleside Ave. Chicago, IL 60637 Cook County	\$40,000.00	\$81,000.00	\$0.00
	6540 S. Ingleside Ave. Chicago, IL 60637 Cook County SFH - Purchased in 1996 for \$69K - refinanced in 2007 - Ioan	\$40,000.00	\$81,000.00	\$0.00
	6540 S. Ingleside Ave. Chicago, IL 60637 Cook County SFH - Purchased in 1996 for \$69K - refinanced in 2007 - Ioan modification 2018 - PIN 20-23-114-033-0000 As of the date you file, the claim is: Check all that	\$40,000.00	\$81,000.00	\$0.00
Creditor's Name 440 S. LaSalle Street	6540 S. Ingleside Ave. Chicago, IL 60637 Cook County SFH - Purchased in 1996 for \$69K - refinanced in 2007 - Ioan modification 2018 - PIN 20-23-114-033-0000 As of the date you file, the claim is: Check all that apply.	\$40,000.00	\$81,000.00	\$0.00
Creditor's Name 440 S. LaSalle Street Chicago, IL 60604	6540 S. Ingleside Ave. Chicago, IL 60637 Cook County SFH - Purchased in 1996 for \$69K - refinanced in 2007 - Ioan modification 2018 - PIN 20-23-114-033-0000 As of the date you file, the claim is: Check all that apply. Contingent	\$40,000.00	\$81,000.00	\$0.00
Creditor's Name 440 S. LaSalle Street	6540 S. Ingleside Ave. Chicago, IL 60637 Cook County SFH - Purchased in 1996 for \$69K - refinanced in 2007 - Ioan modification 2018 - PIN 20-23-114-033-0000 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated	\$40,000.00	\$81,000.00	\$0.00
Creditor's Name 440 S. LaSalle Street Chicago, IL 60604	6540 S. Ingleside Ave. Chicago, IL 60637 Cook County SFH - Purchased in 1996 for \$69K - refinanced in 2007 - Ioan modification 2018 - PIN 20-23-114-033-0000 As of the date you file, the claim is: Check all that apply. Contingent	\$40,000.00	\$81, 000 .00	\$0.00
Creditor's Name 440 S. LaSalle Street Chicago, IL 60604 Number, Street, City, State & Zip Code	6540 S. Ingleside Ave. Chicago, IL 60637 Cook County SFH - Purchased in 1996 for \$69K - refinanced in 2007 - Ioan modification 2018 - PIN 20-23-114-033-0000 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed		\$81,000.00	\$0.00
Creditor's Name 440 S. LaSalle Street Chicago, IL 60604 Number, Street, City, State & Zip Code Who owes the debt? Check one.	6540 S. Ingleside Ave. Chicago, IL 60637 Cook County SFH - Purchased in 1996 for \$69K - refinanced in 2007 - Ioan modification 2018 - PIN 20-23-114-033-0000 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply.		\$81,000.00	\$0.00
Creditor's Name 440 S. LaSalle Street Chicago, IL 60604 Number, Street, City, State & Zip Code Who owes the debt? Check one. Debtor 1 only	6540 S. Ingleside Ave. Chicago, IL 60637 Cook County SFH - Purchased in 1996 for \$69K - refinanced in 2007 - Ioan modification 2018 - PIN 20-23-114-033-0000 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secu		\$81,000.00	\$0.00
Creditor's Name 440 S. LaSalle Street Chicago, IL 60604 Number, Street, City, State & Zip Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only	6540 S. Ingleside Ave. Chicago, IL 60637 Cook County SFH - Purchased in 1996 for \$69K - refinanced in 2007 - Ioan modification 2018 - PIN 20-23-114-033-0000 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secucar loan)		\$81,000.00	\$0.00
Creditor's Name 440 S. LaSalle Street Chicago, IL 60604 Number, Street, City, State & Zip Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a	6540 S. Ingleside Ave. Chicago, IL 60637 Cook County SFH - Purchased in 1996 for \$69K - refinanced in 2007 - Ioan modification 2018 - PIN 20-23-114-033-0000 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secucar loan) Statutory lien (such as tax lien, mechanic's lien)		\$81,000.00	\$0.00
Creditor's Name 440 S. LaSalle Street Chicago, IL 60604 Number, Street, City, State & Zip Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	6540 S. Ingleside Ave. Chicago, IL 60637 Cook County SFH - Purchased in 1996 for \$69K - refinanced in 2007 - Ioan modification 2018 - PIN 20-23-114-033-0000 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secucar loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit		\$81,000.00	\$0.00
Creditor's Name 440 S. LaSalle Street Chicago, IL 60604 Number, Street, City, State & Zip Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a	6540 S. Ingleside Ave. Chicago, IL 60637 Cook County SFH - Purchased in 1996 for \$69K - refinanced in 2007 - Ioan modification 2018 - PIN 20-23-114-033-0000 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secucar loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit		\$81,000.00	\$0.00
Creditor's Name 440 S. LaSalle Street Chicago, IL 60604 Number, Street, City, State & Zip Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt	6540 S. Ingleside Ave. Chicago, IL 60637 Cook County SFH - Purchased in 1996 for \$69K - refinanced in 2007 - Ioan modification 2018 - PIN 20-23-114-033-0000 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secucar loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset)		\$81,000.00	\$0.00
Creditor's Name 440 S. LaSalle Street Chicago, IL 60604 Number, Street, City, State & Zip Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred	6540 S. Ingleside Ave. Chicago, IL 60637 Cook County SFH - Purchased in 1996 for \$69K - refinanced in 2007 - Ioan modification 2018 - PIN 20-23-114-033-0000 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secucar loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) Last 4 digits of account number	ared		\$0.00
Creditor's Name 440 S. LaSalle Street Chicago, IL 60604 Number, Street, City, State & Zip Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred	6540 S. Ingleside Ave. Chicago, IL 60637 Cook County SFH - Purchased in 1996 for \$69K - refinanced in 2007 - Ioan modification 2018 - PIN 20-23-114-033-0000 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secucar loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) Last 4 digits of account number		00	\$0.00

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

	0000 10	, 10, 10	Docun	nent Page 20 of 62	7 14.17.04 000	oo wan			
Fill in	this information t	o identify your							
Debto	or 1 Kare	en R. Phillips							
	First N		Middle Name	Last Name					
Debto	<u></u>		N. 1.11. N.						
(Spous	e if, filing) First N	ame	Middle Name	Last Name					
Unite	d States Bankruptcy	Court for the:	NORTHERN DISTRI	CT OF ILLINOIS					
Case	number								
(if know						heck if this is an			
					a	mended filing			
∩ffic	cial Form 106	F/F							
			ho Have Unse	cured Claims		12/15			
				h PRIORITY claims and Part 2 for creditors	with NONDRIORITY alai				
Schedi left. At name a	ule D: Creditors Who tach the Continuatior and case number (if k	Have Claims Sec n Page to this pag nown).	ured by Property. If more e. If you have no informa	m 106G). Do not include any creditors with e space is needed, copy the Part you need ation to report in a Part, do not file that Pa	, fill it out, number the en	tries in the boxes on the			
Part '			secured Claims						
_	_	ny creditors have priority unsecured claims against you?							
	No. Go to Part 2.								
	Yes.								
Part 2			Y Unsecured Claims						
_	-		ured claims against you						
L	No. You have nothing	g to report in this p	art. Submit this form to the	e court with your other schedules.					
	Yes.								
ur th	nsecured claim, list the	creditor separately	for each claim. For each	order of the creditor who holds each claim claim listed, identify what type of claim it is. D art 3.If you have more than three nonpriority u	o not list claims already inc	luded in Part 1. If more			
						Total claim			
4.1	AAI		Last 4 di	gits of account number		\$672.00			
	Nonpriority Creditor		Whon wa	as the debt incurred?	_				
	8668 Spring M Las Vegas, NV		wiien wa			-			
	Number Street City		As of the	date you file, the claim is: Check all that a	oply				
	Who incurred the	debt? Check one.							
	Debtor 1 only		☐ Contin	ngent					
	Debtor 2 only		☐ Unliqu	uidated					
	Debtor 1 and De	ebtor 2 only	☐ Disput	ted					
	☐ At least one of t	he debtors and and	other Type of N	NONPRIORITY unsecured claim:					
	☐ Check if this cl	aim is for a comr	nunity	nt loans					
	debt Is the claim subject	et to offect?	•	ations arising out of a separation agreement o	or divorce that you did not				
	No	, to onset?	<u></u>	priority claims to pension or profit-sharing plans, and other	similar dehts				
					Similar UEDIS				
	☐ Yes		Other.	Specify Collection Account		-			

Case 18-13719 Doc 1 Filed 05/10/18 Entered 05/10/18 14:17:04 Desc Main Document Page 21 of 62 Case number (if know)

Debt	or 1 Karen R. Phillips	Case number (if know)	
4.2	Aaron's	Last 4 digits of account number	\$800.00
	Nonpriority Creditor's Name		·
	1149 165th Streeet	When was the debt incurred?	
	Hammond, IN 46320 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	As of the date you me, the dam is. Oneok an that apply	
	■ Debtor 1 only	Пол	
	<u> </u>	Contingent	
	Debtor 2 only	Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	\square Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Claim	
4.3	Aaron's Inc.	Last 4 digits of account number	\$395.00
	Nonpriority Creditor's Name		***************************************
	d/b/a Arron's	When was the debt incurred?	
	616 Columbia Road		
	Boston, MA 02125 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	As of the date you me, the claim is. Oneok an that apply	
	■ Debtor 1 only	Пол	
		Contingent	
	Debtor 2 only	Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Claim	
4.4	ACL. Inc.	Last 4 digits of account number	\$258.00
	Nonpriority Creditor's Name		,
	P.O. Box 27901	When was the debt incurred?	
	Milwaukee, WI 53227 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	As of the date you me, the claim is. Oneok an that apply	
	_		
	■ Debtor 1 only	Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	\square Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify Medical	

Case 18-13719 Doc 1 Filed 05/10/18 Entered 05/10/18 14:17:04 Desc Main Document Page 22 of 62

Case number (if know)

ADT Security Services Nonpriority Creditor's Name	Last 4 digits of account number	\$1,750.
P.O. Box 1878 Pittsburgh, PA 15250	When was the debt incurred?	
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
■ Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	Other. Specify Utility	
Advocate Medica Group	Last 4 digits of account number	\$16.
Nonpriority Creditor's Name 2301 e. 93rd St.	When was the debt incurred?	
Chicago, IL 60617 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt s the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
No	lacksquare Debts to pension or profit-sharing plans, and other similar debts	
□ Yes	Other. Specify Medical	
Bay Area Credit Service	Last 4 digits of account number	\$251.
Nonpriority Creditor's Name P.O. Box 467600 Atlanta, GA 31146	When was the debt incurred?	
Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	Student loans	
debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
No	☐ Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	■ Other. Specify Collection Account	

Case 18-13719 Doc 1 Filed 05/10/18 Entered 05/10/18 14:17:04 Desc Main Document Page 23 of 62 Case number (if know)

Debto	or 1 Karen R. Phillips	Case number (if know)	
4.8	Bridgecrest	Last 4 digits of account number	\$507.00
	Nonpriority Creditor's Name P.O. Box 29018	When was the debt incurred?	·
	Phoenix, AZ 85038	When was the dept incurred:	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts	
	■ No		
	Yes	■ Other. Specify Charge	
4.9	Broward Ambulance Inc.	Last 4 digits of account number	\$200.00
1.0	Nonpriority Creditor's Name		Ψ200.00
	P.O. Box 402079	When was the debt incurred?	
	Atlanta, GA 30384 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	As of the date you me, the claim is. Check an that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify Medical	
4.1	City of Chicago	Last 4 digits of account number	\$2,323.00
	Nonpriority Creditor's Name Department of Finance	When was the debt incurred?	
	P.O. Box 88292	When was the dept incurred:	
	Chicago, IL 60680		
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	■ No □ Yes	Other Specific Citations	
	LI TES	Other Specify Citations	

Case 18-13719 Doc 1 Filed 05/10/18 Entered 05/10/18 14:17:04 Desc Main Document Page 24 of 62

Debi	or 1 Karen R. Phillips	Case number (if know)	
4.1 1	ComEd	Last 4 digits of account number	\$592.00
'	Nonpriority Creditor's Name		·
	P.O. Box 6111	When was the debt incurred?	
	Carol Stream, IL 60197		
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
		_	
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Utility	
4.1			
2	Consultants in Cardiology & Electro	Last 4 digits of account number	\$0.00
	Nonpriority Creditor's Name	When was the debt incurred?	
	5151 W. 95th Street, 2nd Floor Oak Lawn, IL 60453	When was the dept incurred:	
	Number Street City State ZIp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
		☐ Disputed	
	Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	Student loans	
	☐ Check if this claim is for a community debt		
	Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Notice Only	
4.1	Convergent Outsourching Inc.	Last 4 digits of account number	\$0.00
<u> </u>	Nonpriority Creditor's Name		• • • • • • • • • • • • • • • • • • • •
	P.O. Box 9004	When was the debt incurred?	
	Renton, WA 98057		
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Collection Account	
		poon,	

1 Karen R. Phillips	Case number (if know)	
Credence Resource Management	Last 4 digits of account number	\$200.0
Nonpriority Creditor's Name P.O. Box 2147	When was the debt incurred?	
Southgate, MI 48195 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	□ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify Collection Account	
Directv	Last 4 digits of account number	\$232.0
Nonpriority Creditor's Name P.O. Box 78626	When was the debt incurred?	·
Phoenix, AZ 85062		
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
_		
Debtor 1 only	Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim: ☐ Student loans	
☐ Check if this claim is for a community debt		
Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	Other. Specify Utility	
Erie Insurance	Last 4 digits of account number	\$112.0
Nonpriority Creditor's Name		•
100 Erie Insurance Place	When was the debt incurred?	
Erie, PA 16530 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	and jet ine, ine elam ie. Grook all that apply	
■ Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	□ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	

■ No

☐ Yes

■ Other. Specify Charge

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

Case 18-13719 Doc 1 Filed 05/10/18 Entered 05/10/18 14:17:04 Desc Main Document Page 26 of 62

r 1 Karen R. Phillips	Case number (if know)	
GM Financial		\$14,320.00
Nonpriority Creditor's Name	Last 4 digits of account number	φ14,320.00
4001 Embacadero Arlington, TX 76014	When was the debt incurred?	
Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
No	☐ Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify Repossession	
Northwestern Medical Group	Last & divide of account number	\$55.00
Nonpriority Creditor's Name	Last 4 digits of account number	ψ33.00
26609 Network Place	When was the debt incurred?	
Chicago, IL 60673	=	
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
Debtor 1 only	Пол	
_	Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured claim:	
At least one of the debtors and another	Student loans	
☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	
No	☐ Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify Medical	
Northwestern Medicine	Last 4 digits of account number	\$31.00
Nonpriority Creditor's Name		40 1100
28155 Network Place	When was the debt incurred?	
Chicago, IL 60673 Number Street City State Zlp Code	As of the date year file the plains in Obertal all that are he	
Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
No	☐ Debts to pension or profit-sharing plans, and other similar debts	
Yes		
□ 162	Other. Specify Medical	

Case 18-13719 Doc 1 Filed 05/10/18 Entered 05/10/18 14:17:04 Desc Main Document Page 27 of 62

Debtor	1 Karen R. Phillips	Case number (if know)	
4.2	Patient Billing Solutions	Last 4 digits of account number	\$299.00
	Nonpriority Creditor's Name 399 Revolution Drive, Suite 410 IL 62000	When was the debt incurred?	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Medical	
4.2	Peoples Energy	Last 4 digits of account number	\$5,693.00
	Nonpriority Creditor's Name 130 E. Randolph Rd. Chicago, IL 60601	When was the debt incurred?	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	Student loans	
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
-	Yes	■ Other. Specify Utility	
4.2	Receivables Outsourcing, LLC	Last 4 digits of account number	\$174.00
	Nonpriority Creditor's Name P.O. Box 62850 Baltimore, MD 21264	When was the debt incurred?	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify Collection Account	
		-1 J	

Case 18-13719 Doc 1 Filed 05/10/18 Entered 05/10/18 14:17:04 Desc Main Document Page 28 of 62

Debtor 1 Karen R. Phillips Case number (if know) 4.2 **RMS** \$149.00 Last 4 digits of account number 3 Nonpriority Creditor's Name 4836 Brecksville Rd. When was the debt incurred? P.O. Box 523 Richfield, OH 44286 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Medical 4.2 **State Collection Service** \$112.00 Last 4 digits of account number 4 Nonpriority Creditor's Name P.O. Box 6250 When was the debt incurred? Madison, WI 53701 As of the date you file, the claim is: Check all that apply Number Street City State ZIp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Collection Account ☐ Yes 4.2 Transworld system \$43.00 Last 4 digits of account number Nonpriority Creditor's Name **Collection Agency** When was the debt incurred? 500 Virginia Dr., Suite 514 Fort Washington, PA 19034 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $oxed{\square}$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Collection Account ☐ Yes

Official Form 106 E/F

Case 18-13719 Doc 1 Filed 05/10/18 Entered 05/10/18 14:17:04 Desc Main Document Page 29 of 62

Debtor	1 Karen R. Phillips	Case number (if know)	
4.2	TruGreen Processing Center	Last 4 digits of account number	\$43.00
0	Nonpriority Creditor's Name P.O. Box 9001128	When was the debt incurred?	
	Louisville, KY 40290	- Accepted to the conflict to the state of t	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	Положения	
	•	☐ Contingent	
	Debtor 2 only	Unliquidated	
	Debtor 1 and Debtor 2 only	Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community debt	☐ Student loans	
	Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Claim	
4.2 7	United Healthcare	Last 4 digits of account number	\$120.00
	Nonpriority Creditor's Name P.O. Box 5840	When was the debt incurred?	
	Carol Stream, IL 60197 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	As of the date you file, the claim is. Check all that apply	
	Debtor 1 only	Continued	
		☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim: ☐ Student loans	
	☐ Check if this claim is for a community debt		
	Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Medical	
8	University of Chicago Hospitals	Last 4 digits of account number	\$56.00
	Nonpriority Creditor's Name 1122 Payspere Circle	When was the debt incurred?	
	Chicago, IL 60674		
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	Student loans	
	debt	Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify Medical	

Document Page 30 of 62 Debtor 1 Karen R. Phillips Case number (if know) 4.2 \$200.00 Villiage of Matteson 9 Last 4 digits of account number Nonpriority Creditor's Name P.O. Box 6279 When was the debt incurred? Carol Stream, IL 60197 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims Is the claim subject to offset? Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify Citations Part 3: List Others to Be Notified About a Debt That You Already Listed 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Arnold Scott Harris Line 4.10 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims Attorneys at Law Part 2: Creditors with Nonpriority Unsecured Claims 222 Merchandise Mart Plaza, Ste. 19 Chicago, IL 60654 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? CCS Line 4.11 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 500 E. 60th Str N Part 2: Creditors with Nonpriority Unsecured Claims Sioux Falls, SD Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address **ERC** Line 4.15 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims P.O. Box 57547 Part 2: Creditors with Nonpriority Unsecured Claims Jacksonville, FL 32241 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **Financial Control Solutions** Line 4.4 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims P.O. Box 668 Part 2: Creditors with Nonpriority Unsecured Claims Germantown, WI 53022 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **Grant & Weber Nevada** Line 4.18 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 861 Coronado Center #211 Part 2: Creditors with Nonpriority Unsecured Claims Henderson, NV 89052 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address Linebarge Goggan Blair & Sampson Line 4.10 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 35946 Eagle Way Part 2: Creditors with Nonpriority Unsecured Claims Chicago, IL 60678 Last 4 digits of account number

Malcom S. Gerald & Assoc 332 S. Michigan Ave.

Name and Address

Suite 600

Chicago, IL 60604

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.6 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Debtor 1 Karen R. Phillips		Case number (if know)
Name and Address MiraMed Revenue Group Dept. 77304 P.O. Box 77000 Detroit, MI 48277	Line 4.18 of (Check one):	2 did you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number	
Name and Address Municipal Collection Services P.O. Box 666 Lansing, IL 60438	On which entry in Part 1 or Part 2 Line 4.29 of (Check one): Last 4 digits of account number	2 did you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address The MB&W Building 26000 Cannon Road Bedford, OH 44146	On which entry in Part 1 or Part 2 Line 4.11 of (Check one): Last 4 digits of account number	2 did you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address Transworld system Collection Agency 25 Northwest Point Blvd. #750 Elk Grove Village, IL 60007	On which entry in Part 1 or Part 2 Line 4.5 of (<i>Check one</i>): Last 4 digits of account number	2 did you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address Vengroff Williams Inc. P.O. Box 4155 Sarasota, FL 34230	On which entry in Part 1 or Part 2 Line 4.17 of (Check one): Last 4 digits of account number	2 did you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address Western Union Financial P.O. Box 8525 Pompano Beach, FL 33075	On which entry in Part 1 or Part 2 Line 4.8 of (Check one): Last 4 digits of account number	2 did you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ■ Part 2: Creditors with Nonpriority Unsecured Claims

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
Total				
claims from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
				Total Claim
	6f.	Student loans	6f.	\$ 0.00
Total claims				
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 29,603.00
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 29,603.00

Debtor 2
(Spouse if filing) First Name Middle Name Last Name
(Opodse II, Illing) I list Name Wilde Name Last Name
United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS
Case number
(if known)

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with	whom you have the r, Street, City, State and ZIP C	contract or lease	State what the contract or lease is for
2.1					
	Name				_
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.2					
	Name				_
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.2	Oity		Otate	Zii Code	
2.3					_
	Name				
	Number	Street			_
	Number	Sileet			
			2: :	710.0	_
	City		State	ZIP Code	
2.4					
	Name				_
					_
	Number	Street			
	City		State	ZIP Code	
2.5					
	Name				
	Number	Street			_
	City		State	ZIP Code	_
	/				

		Docume	ent Page 33 o	f 62	
Fill in this	information to identify your	case:			
Debtor 1	Karen R. Phillips				
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, fil	ing) First Name	Middle Name	Last Name		
	G,				
United Sta	ates Bankruptcy Court for the:	NORTHERN DISTRIC	OF ILLINOIS		
Case num	ber				
(if known)				Check if this is an	
				amended filing	
Officia	I Form 106H				
	dule H: Your Cod	ebtors		12/15	
501100	daio III. I dai daa			12/10	_
our name	e and case number (if known) you have any codebtors? (If	. Answer every question	ı.	o this page. On the top of any Additional Pages, write as a codebtor.	
■ No					
☐ Ye					
2 \\/;	thin the last 8 years, have you	lived in a community n	roporty stato or torritory	(Community property states and territories include	
	na, California, Idaho, Louisiana,				
=	0				
	. Go to line 3. s. Did your spouse, former spou	ise or legal equivalent liv	e with you at the time?		
— 16.	s. Dia your spouse, former spoc	ise, or legal equivalent liv	e with you at the time:		
in line Form	e 2 again as a codebtor only i	f that person is a guarar	ntor or cosigner. Make s	if your spouse is filing with you. List the person sho sure you have listed the creditor on Schedule D (Offic 6G). Use Schedule D, Schedule E/F, or Schedule G to	cial
	Column 1: Your codebtor Name, Number, Street, City, State and ZI	P Code		Column 2: The creditor to whom you owe the det Check all schedules that apply:	t
	, , ,			Chook an solicatios that apply.	
3.1				Schedule D, line	
	Name			☐ Schedule E/F, line	
				☐ Schedule G, line	
	Number Street City	State	ZIP Code		
	Oity	Otale	Zii Gode		
2.0				Cohadula D. Kara	
3.2	Name			_ □ Schedule D, line □ Schedule E/F, line	
				☐ Schedule E/F, line	
	Number Street			, 	
	City	State	ZIP Code		

Case 18-13719 Doc 1 Filed 05/10/18 Entered 05/10/18 14:17:04 Desc Main Document Page 34 of 62

Fill	in this information to identify your	case:				ī						
	otor 1 Karen R. P											
	otor 2 buse, if filing)				_							
Uni	ted States Bankruptcy Court for the	ne: NORTHERN DISTRI	CT OF ILLINOIS		_							
	se number nown)		-					ed en	t show	ring postpetit		chapter
0	fficial Form 106I					Ī	/M / DD/ `	ΥΥ	YY			
S	chedule I: Your Inc	come										12/15
sup spo atta	as complete and accurate as poplying correct information. If youse. If you are separated and you have a separate sheet to this form Describe Employment	u are married and not fili our spouse is not filing w . On the top of any additi	ng jointly, and your ith you, do not inclu	spouse i de inforr	s liv nati	ring with on abou	you, inc t your sp	lud ou	le info se. If ı	rmation abo	out y is n	our eeded,
1.	Fill in your employment information.		Debtor 1				Debtor 2 or non-filing spouse					
	If you have more than one job,	Employment status	☐ Employed	☐ Employed				☐ Employed				
	attach a separate page with information about additional	Employment status	■ Not employed				☐ Not employed					
	employers. Include part-time, seasonal, or	Occupation	Disability - Since 1998									
	self-employed work.	Employer's name										
	Occupation may include studen or homemaker, if it applies.	Employer's address										
		How long employed t	here?				_					
Par	t 2: Give Details About M	onthly Income										
	mate monthly income as of the use unless you are separated.	date you file this form. If	you have nothing to re	eport for a	any	line, write	e \$0 in the	e sį	oace. I	Include your	non-	filing
-	u or your non-filing spouse have re e space, attach a separate sheet		ombine the informatio	n for all e	mpl	oyers for	that pers	on	on the	lines below	. If yo	ou need
						For Del	btor 1			ebtor 2 or iling spous	е	
2.	List monthly gross wages, sa deductions). If not paid monthly			2.	\$		0.00		\$	N	/A	
3.	Estimate and list monthly over	rtime pay.		3.	+\$		0.00		+\$_	N.	/A_	
4.	Calculate gross Income. Add	line 2 + line 3.		4.	\$		0.00		\$	N/A		

Case 18-13719 Doc 1 Filed 05/10/18 Entered 05/10/18 14:17:04 Desc Main Document Page 35 of 62

Deb	tor 1	Karen R. Phillips	-		Case	e number (if known)				
						r Debtor 1	non	Debtor 2 -filing sp	ouse	
	Cop	y line 4 here	4.		\$_	0.00	\$_		N/A	-
5.	List	all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	58	а.	\$	0.00	\$		N/A	_
	5b.	Mandatory contributions for retirement plans	5k	٥.	\$	0.00	\$		N/A	_
	5c.	Voluntary contributions for retirement plans	50		\$_	0.00	\$		N/A	_
	5d.	Required repayments of retirement fund loans	50		\$_	0.00	\$_		N/A	
	5e.	Insurance	56		\$_	0.00	\$_		N/A	-
	5f.	Domestic support obligations Union dues	5f		\$_ \$	0.00	\$_ \$		N/A	-
	5g. 5h.	Other deductions. Specify:	50 51	յ. Դ.+	· . –	0.00	· · —		N/A N/A	-
•			_		-		· —			-
6.		I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$ _ •	0.00	\$_		N/A	-
7.	Caid	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$_	0.00	\$_		N/A	-
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	88	a	\$	0.00	\$		N/A	
	8b.	Interest and dividends	8k		\$ _	0.00	\$_		N/A	-
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce	O.	<i>.</i>	Ψ_	0.00	Ψ_		IVA	-
		settlement, and property settlement.	80	Э.	\$	0.00	\$		N/A	
	8d.	Unemployment compensation	80	d.	\$	0.00	\$		N/A	-
	8e.	Social Security	86	€.	\$_	1,447.00	\$		N/A	_
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f		\$	0.00	\$		N/A	
	8g.	Pension or retirement income	_ 8g	g.	\$	0.00	\$		N/A	-
	8h.	Other monthly income. Specify: Annuity	_ 8h	า.+	\$	290.00	+ \$		N/A	
		VA Benefits	_		\$_	3,079.00	\$		N/A	-
9.	Add	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.		\$_	4,816.00	\$		N/A	X.
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$_		4,816.00 + \$		N/A =	\$_	4,816.00
11.	othe Do r	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your per friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a cify:	dep					Schedule . 11.		0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certailies						12.	\$	4,816.00
13.	Do y	you expect an increase or decrease within the year after you file this form' No. Yes. Explain:	?						Combin	ned y income

Case 18-13719 Doc 1 Filed 05/10/18 Entered 05/10/18 14:17:04 Desc Main Document Page 36 of 62

Fill in t	his informa	ation to identify yo	our case:			1		
Debtor		Karen R. Phi					k if this is: An amended filing	
Debtor :	2 e, if filing)						A supplement show	ving postpetition chapter the following date:
United \$	States Bankı	ruptcy Court for the	: NORTH	ERN DISTRICT OF ILLIN	OIS	Ī	MM / DD / YYYY	
Case no								
Offic	cial Fo	rm 106J						
		J: Your						12/1
inform	nation. If m		eded, atta	. If two married people a ch another sheet to this n.				
Part 1:	Desci	ribe Your House	hold					
	No. Go to	line 2.	in a separa	ate household?				
	□ N □ Y	-	st file Offici	al Form 106J-2, Expenses	s for Separate House	ehold of Debte	or 2.	
2. D	o you hav	e dependents?	■ No					
	o not list D ebtor 2.	ebtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?
	o not state ependents							□ No □ Yes
								□ No □ Yes
								□ Yes □ No
								☐ Yes
								□ No □ Yes
e	xpenses o	oenses include f people other t d your depende	han $_{oldsymbol{\square}}$	No Yes				L 165
				h. F				
expen	ate your ex	nate Your Ongoi expenses as of your a date after the l	our bankrı	y Expenses uptcy filing date unless y y is filed. If this is a supp	ou are using this followed are using the following the fol	orm as a sup J, check the	oplement in a Cha e box at the top o	apter 13 case to report f the form and fill in the
the va		h assistance an		government assistance is luded it on <i>Schedule I:</i> Y			Your exp	enses
		or home owners		ses for your residence.	nclude first mortgag	e 4. \$		950.00
·	•	led in line 4:	J : :					
4:	a. Real e	estate taxes				4a. \$		175.00
	b. Prope	rty, homeowner's				4b. \$		225.00
40				upkeep expenses		4c. \$		750.00
		owner's associate owner's associate owner's associate of the common of the common owner's associate of the common owner's associate owner's associated owner's associate owner's associated owner's associat		dominium dues our residence, such as ho	me equity loans	4d. \$ 5. \$	-	0.00

Case 18-13719 Doc 1 Filed 05/10/18 Entered 05/10/18 14:17:04 Desc Main Document Page 37 of 62

Deb	tor 1 Karen R. Phillips	Case num	nber (if known)	
6.	Utilities:			
٠.	6a. Electricity, heat, natural gas	6a.	\$	435.00
	6b. Water, sewer, garbage collection	6b.	\$	145.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	285.00
	6d. Other. Specify:	6d.	\$	0.00
7.	Food and housekeeping supplies	7.	\$	375.00
8.	Childcare and children's education costs	8.	\$	0.00
9.	Clothing, laundry, and dry cleaning	9.	\$	85.00
10.	Personal care products and services	10.	\$	81.00
11.	Medical and dental expenses	11.	\$	75.00
12.	Transportation. Include gas, maintenance, bus or train fare.	40		275.00
	Do not include car payments.	12.	· -	375.00
	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	·	25.00
	Charitable contributions and religious donations	14.	\$	25.00
15.	Insurance.			
	Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance	15a.	¢	0.00
	15b. Health insurance	15a. 15b.		0.00
			· -	0.00
	15c. Vehicle insurance 15d. Other insurance. Specify:	15c. 15d.	· 	150.00
16		150.	Φ	0.00
	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.	\$	0.00
17.	Installment or lease payments:	47-	c	0.00
	17a. Car payments for Vehicle 1	17a.	· <u> </u>	0.00
	17b. Car payments for Vehicle 2	17b.	·	0.00
	17c. Other. Specify:	17c.	· -	0.00
40	17d. Other. Specify:	17d.	\$	0.00
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I).	18.	\$	0.00
19	Other payments you make to support others who do not live with you.		\$	0.00
10.	Specify:	19.	Ψ	0.00
20.	Other real property expenses not included in lines 4 or 5 of this form or on Scheo		our Income.	
_0.	20a. Mortgages on other property	20a.		0.00
	20b. Real estate taxes	20b.	\$	0.00
	20c. Property, homeowner's, or renter's insurance	20c.	\$	0.00
	20d. Maintenance, repair, and upkeep expenses	20d.		0.00
	20e. Homeowner's association or condominium dues	20e.	\$	0.00
21.	Other: Specify:	21.	+\$	0.00
22	Calculate your monthly expenses			
22.	22a. Add lines 4 through 21.		¢	4 456 00
	22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	4,156.00
			Ψ	
	22c. Add line 22a and 22b. The result is your monthly expenses.		\$	4,156.00
23.	Calculate your monthly net income.			
	23a. Copy line 12 (your combined monthly income) from Schedule I.	23a.	·	4,816.00
	23b. Copy your monthly expenses from line 22c above.	23b.	-\$	4,156.00
	23c. Subtract your monthly expenses from your monthly income.			000.00
	The result is your monthly net income.	23c.	\$	660.00

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☐ No.

Yes.

Explain here: ***Debtor's home is currently in need of major repairs to restore the water service, utilities, and make it habitable.***

Case 18-13719 Doc 1 Filed 05/10/18 Entered 05/10/18 14:17:04 Desc Main Document Page 38 of 62

Fill in this	s information to identify your	case:			
Debtor 1					
Debioi	Karen R. Phillips First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, fil	ling) First Name	Middle Name	Last Name	_	
United Sta	ates Bankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
Case num	nber				
(if known)					☐ Check if this is an
					amended filing
Official	Form 106Dec				
	aration About a	n Individual	Debtor's Sc	hadulas	40/45
Decid	aration About a	iii iiidividaa	Depioi 3 30	iledules	12/15
ears, or l	both. 18 U.S.C. §§ 152, 1341, 1	519, and 3571.			
Did v	you pay or agree to pay some	one who is NOT an attor	rney to help you fill out b	eankruptcy forms?	
_	No				
_				Attach Bonker	ntou Datition Dronovavia Nation
	Yes. Name of person				ptcy Petition Preparer's Notice, nd Signature (Official Form 119)
	er penalty of perjury, I declare they are true and correct.	that I have read the sum	mary and schedules file	d with this declaration	and
Y /	s/ Karen R. Phillips		X		
	Karen R. Phillips		Signature of	Debtor 2	
	Signature of Debtor 1		2 9 274.0 0		
	Date May 10, 2018		Date		
		-	-		

Case 18-13719 Doc 1 Filed 05/10/18 Entered 05/10/18 14:17:04 Desc Main Document Page 39 of 62

Filli	in this inforn	nation to identify you	r case:					
Deb	tor 1	Karen R. Phillip	s					
		First Name	Middle Name		Last Name			
	otor 2 use if, filing)	First Name	Middle Name		Last Name			
Unit	ed States Ba	nkruptcy Court for the:	NORTHERN DIST	RICT OF ILL	INOIS			
Cas (if kno	e number _							heck if this is an mended filing
Sta Be a	s complete a	of Financial	ible. If two married p	eople are fil	Is Filing for B	equally responsi		
		n). Answer every que			omm om me top er am	, adamena page	<i>5</i> ,	. Hamo ana cacc
Part	Give D	Details About Your Ma	arital Status and Whe	ere You Live	d Before			
1.	What is you	r current marital state	us?					
	☐ Married							
	■ Not mar							
2.	During the la	ast 3 years, have you	lived anywhere othe	r than wher	e you live now?			
	■ No							
	☐ Yes. Lis	at all of the places you	lived in the last 3 years	s. Do not incl	ude where you live now	<i>.</i>		
	Debtor 1 Pr	ior Address:	Dates De lived the		Debtor 2 Prior Ad	dress:		Dates Debtor 2 lived there
					uivalent in a commun New Mexico, Puerto Ri			
olulo	_	oo moraao / mzona, oo	amorria, idano, Lodiole	a, 1101aaa,	Trow Moxico, Fuorico I	oo, roxao, rraom	igion and wi	
	■ No □ Yes. Ma	ake sure you fill out <i>Sc</i>	hedule H: Your Codeb	tors (Official	Form 106H).			
Part	t 2 Explai	in the Sources of You	ır Income					
	Fill in the total	al amount of income yo	ou received from all job	s and all bus	usiness during this yes sinesses, including part- ether, list it only once ur	time activities.	vious calen	dar years?
	■ No □ Yes. Fill	I in the details.						
			Debtor 1			Debtor 2		
			Sources of income Check all that apply.	(be	ross income efore deductions and clusions)	Sources of inco		Gross income (before deductions and exclusions)

Case 18-13719 Doc 1 Filed 05/10/18 Entered 05/10/18 14:17:04 Desc Main Page 40 of 62 Document Karen R. Phillips Case number (if known) Debtor 1 Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income Sources of income **Gross income** Gross income from Describe below. each source Describe below. (before deductions (before deductions and and exclusions) exclusions) From January 1 of current year until **Social Security** \$24,130.00 the date you filed for bankruptcy: **Benefits** For last calendar year: **Social Security** \$57,912.00 (January 1 to December 31, 2017) **Benefits** For the calendar year before that: **Social Security** \$57,912.00 (January 1 to December 31, 2016) **Benefits** Part 3: List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more? \square No. Go to line 7. ☐ Yes List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address

Dates of payment

Total amount
paid

Still owe

Was this payment for ...

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations

of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

No

Yes. List all payments to an insider.

Insider's Name and Address

Dates of payment

Total amount paid

Amount you still owe

Reason for this payment

Case 18-13719 Doc 1

	00001010110 2001	Document	Page 41 of 62	0/10 14.17.0	/- D000	IVICIII
Del	btor 1 Karen R. Phillips		Case	e number (if known)		
8.	Within 1 year before you filed for bankruptcinsider? Include payments on debts guaranteed or cosi		yments or transfer a	ny property on ad	count of a de	ebt that benefited a
	No No					
	Yes. List all payments to an insider Insider's Name and Address	Dates of navment	Total amount	Amount vou	Peacen for	thic novement
	insider 5 Name and Address	Dates of payment	Total amount paid	Amount you still owe	Include cred	this payment itor's name
Pai	rt 4: Identify Legal Actions, Repossession	s, and Foreclosures				
9.	Within 1 year before you filed for bankrupto List all such matters, including personal injury of modifications, and contract disputes. No					
	Yes. Fill in the details.	N	•		0	
	Case title Case number	Nature of the case	Court or agency		Status of th	e case
10.	Within 1 year before you filed for bankrupto Check all that apply and fill in the details below No. Go to line 11. Yes. Fill in the information below.		perty repossessed, fo	oreclosed, garnis	hed, attached	l, seized, or levied?
	Creditor Name and Address	Describe the Property	1	Date		Value of th
		Explain what happen	ed			propert
11.	accounts or refuse to make a payment becan No Yes. Fill in the details.	use you owed a debt?	•			mounts from your
	Creditor Name and Address	Describe the action the	ne creditor took	Date a taken	action was	Amour
	Within 1 year before you filed for bankruptc court-appointed receiver, a custodian, or ar No Yes List Certain Gifts and Contributions		perty in the possessi	on of an assigned	e for the bene	fit of creditors, a
			to with a total value	of mare than \$500	0 =====================================	
13.	Within 2 years before you filed for bankrupt ■ No □ Yes. Fill in the details for each gift.	cy, did you give any gi	its with a total value o	or more than \$600	per person?	
	Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift and Address:	Describe the gift	s	Dates the gi	you gave fts	Valu
14.	Within 2 years before you filed for bankrupt No		its or contributions w	vith a total value o	of more than	\$600 to any charity

Part 6: List Certain Losses

more than \$600

Charity's Name

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster,

Describe what you contributed

Value

Dates you

contributed

Gifts or contributions to charities that total

Address (Number, Street, City, State and ZIP Code)

Case 18-13719 Doc 1 Filed 05/10/18 Entered 05/10/18 14:17:04 Desc Main Document Page 42 of 62 Case number (if known) Debtor 1 Karen R. Phillips or gambling? Nο Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers 16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. ☐ No Yes. Fill in the details. Person Who Was Paid Description and value of any property Date payment Amount of Address transferred or transfer was payment **Email or website address** made Person Who Made the Payment, if Not You Joyner Law Office, Inc. **Attorney Fees** 5/10/2018 \$500.00 120 South Sate Street Suite 200 Chicago, IL 60603 vdjoyner@joynerlawoffice.com 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. Nο Yes. Fill in the details. **Person Who Was Paid** Amount of Description and value of any property Date payment **Address** transferred or transfer was payment made 18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. No

Yes. Fill in the details.

Person Who Received Transfer Address Person's relationship to you

Description and value of property transferred

Describe any property or payments received or debts paid in exchange

Date transfer was made

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

П Yes. Fill in the details.

Name of trust

Description and value of the property transferred

Date Transfer was made

Entered 05/10/18 14:17:04 Case 18-13719 Doc 1 Filed 05/10/18 Desc Main Page 43 of 62
Case number (if known) Document

Karen R. Phillips Debtor 1

Par 20.	Within 1 year before you filed for bankrup sold, moved, or transferred? Include checking, savings, money market	tcy, were any financial a	ccounts or inst	ruments h	eld in your name, or for	
	houses, pension funds, cooperatives, ass No Yes. Fill in the details.				it, silales III baliks, cieu	iii uiiioiis, brokerage
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of acco	ount or	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
21.	Do you now have, or did you have within cash, or other valuables?	1 year before you filed fo	r bankruptcy, a	ıny safe de	eposit box or other depo	sitory for securities,
	■ No □ Yes. Fill in the details.					
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code) Who else had access to it? Address (Number, Street, City, State and ZIP Code) Describe the contents Address (Number, Street, City, State and ZIP Code)					Do you still have it?
22.	Have you stored property in a storage uni	t or place other than you	r home within 1	l year befo	ore you filed for bankrup	tcy?
	■ No □ Yes. Fill in the details.					
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or to it? Address (Number, State and ZIP Code)		Describe	the contents	Do you still have it?
Par	t 9: Identify Property You Hold or Control	ol for Someone Else				
23.	Do you hold or control any property that s for someone.	someone else owns? Inc	lude any prope	rty you bo	rrowed from, are storing	for, or hold in trust
	■ No □ Yes. Fill in the details.					
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the pro (Number, Street, City, Code)		Describe	the property	Value
Par	t 10: Give Details About Environmental Ir	nformation				
For	the purpose of Part 10, the following defini	itions apply:				
	Environmental law means any federal, statoxic substances, wastes, or material into regulations controlling the cleanup of the	the air, land, soil, surface	e water, groun			
	Site means any location, facility, or prope to own, operate, or utilize it, including dis		environmental	law, whetl	her you now own, opera	te, or utilize it or used
	Hazardous material means anything an er hazardous material, pollutant, contaminar		as a hazardous	s waste, ha	azardous substance, tox	cic substance,
Rep	ort all notices, releases, and proceedings t	hat you know about, reg	ardless of whe	n they occ	urred.	
24.	Has any governmental unit notified you th	at you may be liable or p	ootentially liable	e under or	in violation of an enviro	nmental law?

No

Name of site

☐ Yes. Fill in the details.

Address (Number, Street, City, State and

Governmental unit

ZIP Code)

Address (Number, Street, City, State and ZIP Code)

Date of notice

Environmental law, if you

know it

Case 18-13719 Doc 1 Filed 05/10/18 Entered 05/10/18 14:17:04 Document Page 44 of 62 Debtor 1 Karen R. Phillips Case number (if known) 25. Have you notified any governmental unit of any release of hazardous material? Nο Yes. Fill in the details. Name of site Governmental unit Environmental law, if you Date of notice Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and know it ZIP Code) 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. Nο Yes. Fill in the details. Case Title Nature of the case Status of the Court or agency Case Number Name case Address (Number, Street, City, State and ZIP Code) Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) ☐ A partner in a partnership ☐ An officer, director, or managing executive of a corporation ☐ An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. **Business Name** Describe the nature of the business **Employer Identification number** Address Do not include Social Security number or ITIN. (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. Nο Yes. Fill in the details below. Name **Date Issued** Address (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Karen R. Phillips Signature of Debtor 2 Karen R. Phillips Signature of Debtor 1 Date May 10, 2018 Date Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes

> . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). Statement of Financial Affairs for Individuals Filing for Bankruptcy

■ No

☐ Yes. Name of Person _

Official Form 107

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

Case 18-13719 Doc 1 Filed 05/10/18 Entered 05/10/18 14:17:04 Desc Main Page 45 of 62
Case number (if known) Document

Debtor 1 Karen R. Phillips

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtor and the attorney that conflicts with this agreement is void.

A. BEFORE THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule, and explain how and when the attorney's fees and the trustee's fees are determined and paid.

- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.
- 6. Advise the debtor of the need to maintain appropriate insurance.

B. AFTER THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce).
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor, in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3. If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

D. RETAINERS AND PREVIOUS PAYMENTS

1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.

☐ The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:

- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the Chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;

- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the Chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney*. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. *Improper conduct by the debtor*. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

[Remaining page intentionally left blank.]

F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00.
- 2. In addition, the debtor will pay the filing fee required in the case and other expenses of \$310.00.
- 3. Before signing this agreement, the attorney has received, \$500.00 toward the flat fee, leaving a balance due of \$3,500.00; and \$0.00 for expenses, leaving a balance due for the filing fee of \$0.00.
- 4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

Date: May 10, 2018		
Signed:		
/s/ Karen R. Phillips	/s/ Veronica D. Joyner, Esq.	
Karen R. Phillips	Veronica D. Joyner, Esq. 6239246	
	Attorney for the Debtor(s)	
Debtor(s)		
Do not sign this agreement if the amount	ts are blank.	

Local Bankruptcy Form 23c

Case 18-13719 Doc 1 Filed 05/10/18 Entered 05/10/18 14:17:04 Desc Main Document Page 56 of 62

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Northern District of Illinois

In r	re Karen R. Phillips		Case N	0.	
		Debtor(s)	Chapte	13	
	DISCLOSURE OF COMPEN	SATION OF ATTO	RNEY FOR I	DEBTOR(S)	
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(1) compensation paid to me within one year before the filing be rendered on behalf of the debtor(s) in contemplation of	g of the petition in bankruptcy	, or agreed to be pa	aid to me, for service	
	For legal services, I have agreed to accept		\$	4,000.00	
	Prior to the filing of this statement I have received		\$	500.00	
	Balance Due			3,500.00	
2.	The source of the compensation paid to me was:				
	■ Debtor □ Other (specify):				
3.	The source of compensation to be paid to me is:				
	■ Debtor □ Other (specify):				
4.	■ I have not agreed to share the above-disclosed compe		•		•
	copy of the agreement, together with a list of the nam				iy iaw iiiii. A
5.	In return for the above-disclosed fee, I have agreed to ren	der legal service for all aspec	ts of the bankrupto	y case, including:	
	a. Analysis of the debtor's financial situation, and renderb. Preparation and filing of any petition, schedules, statec. Representation of the debtor at the meeting of creditord. [Other provisions as needed]	ment of affairs and plan which	h may be required;	-	ankruptcy;
	Negotiations with secured creditors to re reaffirmation agreements and application 522(f)(2)(A) for avoidance of liens on hou actions, judicial lien avoidances, relief fro	ns as needed; preparation sehold goods. Represer	n and filing of m ntation of the de	otions pursuant to btors in any disch	o 11 USC
5.	By agreement with the debtor(s), the above-disclosed fee	does not include the following	g service:		
		CERTIFICATION			
this	I certify that the foregoing is a complete statement of any bankruptcy proceeding.	agreement or arrangement fo	r payment to me fo	or representation of th	ne debtor(s) in
_	May 10, 2018	/s/ Veronica D. J			
I	Date	Veronica D. Joyr Signature of Attorn	•	.6	
		Joyner Law Offic	ce, Inc.		
		120 South Sate S Suite 200	Street		
		Chicago, IL 6060	3		
		312-332-9001 Fa	ax: 312-332-9003	3	
		vdjoyner@joyne	rlawoffice.com		

Name of law firm

United States Bankruptcy CourtNorthern District of Illinois

In re	Karen R. Phillips		Case No.	
	•	Debtor(s)	Chapter 13	
	VE	RIFICATION OF CREDITOR M	MATRIX	
		Number of	f Creditors:	46
	The above-named Debtor(s) (our) knowledge.	hereby verifies that the list of credi	itors is true and correct to t	the best of my
Date:	May 10, 2018	/s/ Karen R. Phillips Karen R. Phillips		

AAI 8668 Spring Mountain Road Las Vegas, NV 89117

Aaron's 1149 165th Streeet Hammond, IN 46320

Aaron's Inc. d/b/a Arron's 616 Columbia Road Boston, MA 02125

ACL, Inc. P.O. Box 27901 Milwaukee, WI 53227

ADT Security Services P.O. Box 1878 Pittsburgh, PA 15250

Advocate Medica Group 2301 e. 93rd St. Chicago, IL 60617

Arnold Scott Harris Attorneys at Law 222 Merchandise Mart Plaza, Ste. 19 Chicago, IL 60654

Bay Area Credit Service P.O. Box 467600 Atlanta, GA 31146

Bridgecrest P.O. Box 29018 Phoenix, AZ 85038

Bridgecrest P.O. Box 29018 Phoenix, AZ 85038

Broward Ambulance Inc. P.O. Box 402079 Atlanta, GA 30384

CCS 500 E. 60th Str N Sioux Falls, SD

City of Chicago Department of Water P.O. Box 6330 Chicago, IL 60680

City of Chicago Department of Finance P.O. Box 88292 Chicago, IL 60680

ComEd P.O. Box 6111 Carol Stream, IL 60197

Consultants in Cardiology & Electro 5151 W. 95th Street, 2nd Floor Oak Lawn, IL 60453

Convergent Outsourching Inc. P.O. Box 9004 Renton, WA 98057

Cook County Treasurer P.O. Box 4468 Carol Stream, IL 60197

Credence Resource Management P.O. Box 2147 Southgate, MI 48195

Directv P.O. Box 78626 Phoenix, AZ 85062

ERC P.O. Box 57547 Jacksonville, FL 32241

Erie Insurance 100 Erie Insurance Place Erie, PA 16530 Fay Servicing 440 S. LaSalle Street Chicago, IL 60604

Financial Control Solutions P.O. Box 668 Germantown, WI 53022

GM Financial 4001 Embacadero Arlington, TX 76014

Grant & Weber Nevada 861 Coronado Center #211 Henderson, NV 89052

Linebarge Goggan Blair & Sampson 35946 Eagle Way Chicago, IL 60678

Malcom S. Gerald & Assoc 332 S. Michigan Ave. Suite 600 Chicago, IL 60604

MiraMed Revenue Group Dept. 77304 P.O. Box 77000 Detroit, MI 48277

Municipal Collection Services P.O. Box 666 Lansing, IL 60438

Northwestern Medical Group 26609 Network Place Chicago, IL 60673

Northwestern Medicine 28155 Network Place Chicago, IL 60673

Patient Billing Solutions 399 Revolution Drive, Suite 410 IL 62000 Peoples Energy 130 E. Randolph Rd. Chicago, IL 60601

Receivables Outsourcing, LLC P.O. Box 62850 Baltimore, MD 21264

RMS 4836 Brecksville Rd. P.O. Box 523 Richfield, OH 44286

State Collection Service P.O. Box 6250 Madison, WI 53701

The MB&W Building 26000 Cannon Road Bedford, OH 44146

Transworld system Collection Agency 500 Virginia Dr., Suite 514 Fort Washington, PA 19034

Transworld system Collection Agency 25 Northwest Point Blvd. #750 Elk Grove Village, IL 60007

TruGreen Processing Center P.O. Box 9001128 Louisville, KY 40290

United Healthcare P.O. Box 5840 Carol Stream, IL 60197

University of Chicago Hospitals 1122 Payspere Circle Chicago, IL 60674

Case 18-13719 Doc 1 Filed 05/10/18 Entered 05/10/18 14:17:04 Desc Main Document Page 62 of 62

Vengroff Williams Inc. P.O. Box 4155 Sarasota, FL 34230

Villiage of Matteson P.O. Box 6279 Carol Stream, IL 60197

Western Union Financial P.O. Box 8525 Pompano Beach, FL 33075